

CITY OF SAN ANTONIO

FIRE DEPARTMENT

TO:

Participating Fire Alarm Contractors

SUBJECT:

INFORMATION BULLETIN 102a

Review/Certification of Fire Alarm System Plans

DATE:

September 15, 2005

The San Antonio Fire Department (SAFD) and Development Services Department (DSD) require that all fire alarm system plans be reviewed and approved for all such permit applications related to the installation, rehabilitation, or modification of any such system.

Because of the current workload and as an option for you, a customer service initiative is hereby implemented whereby certified plans will be accepted in lieu of a complete plan review by City of San Antonio staff. Should you choose to exercise this option, fire alarm plans shall be reviewed and certified as meeting the requirements of the 2003 International Fire Code with local City amendments by a registered Fire Protection Engineer licensed by the State of Texas. The attached certification form shall be completed and submitted with the proper completed permit application, two sets of the reviewed plans, associated calculations, and proper permit fees if exercising this option.

The SAFD and DSD reserve the right to terminate this optional program as workload and staff resources change.

Should you have any questions on this process, please contact the DSD Building Development Division at (210) 207-5006.

Abel Flores

Fire Marshal, Fire Department

Florencio Pena

Director, Development Services Department

Attachment: Fire Alarm System Plan Certification Statement



CITY OF SAN ANTONIO

FIRE DEPARTMENT

TO:

City of San Antonio Fire Department

Fire Prevention Division 1901 S. Alamo Street San Antonio, Texas 78205 Office: (210) 207-8410

FIRE ALARM SYSTEM CERTIFICATION STATEMENT

RE:	Project Address: Project Name:	
of the	e 2003 International Fire Coa	nced fire alarm system plan(s) meet the requirements le with local City amendments. I have included a identifying the documents I have certified.
	Signature:	
	Name/Date (printed):	
	Address:	
	Phone Number:	
	Tayos D.E. No	

Form Revision Date: 09/15/05

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Document (w description)	Sheet #	Document/Revision Date	APS	Comments

Signature:				
Name (printed):				
Texas P.E. No.				

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